



STATE OF MARYLAND

DHMH

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September 30, 2011

Public Health & Emergency Preparedness Bulletin: # 2011:38 Reporting for the week ending 09/24/11 (MMWR Week #38)

CURRENT HOMELAND SECURITY THREAT LEVELS

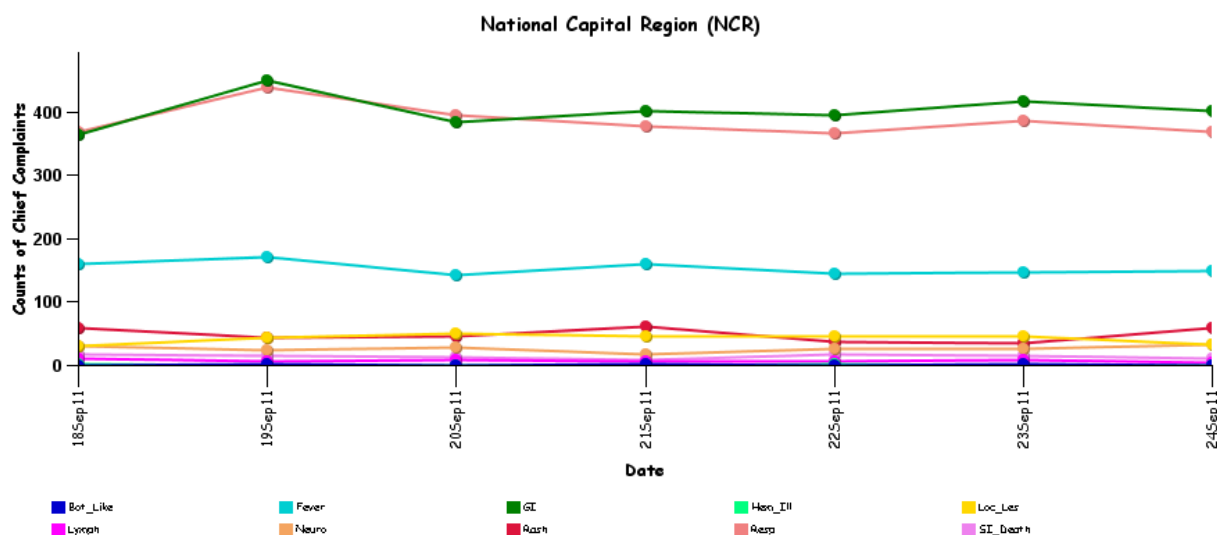
National: No Active Alerts
Maryland: Level One (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

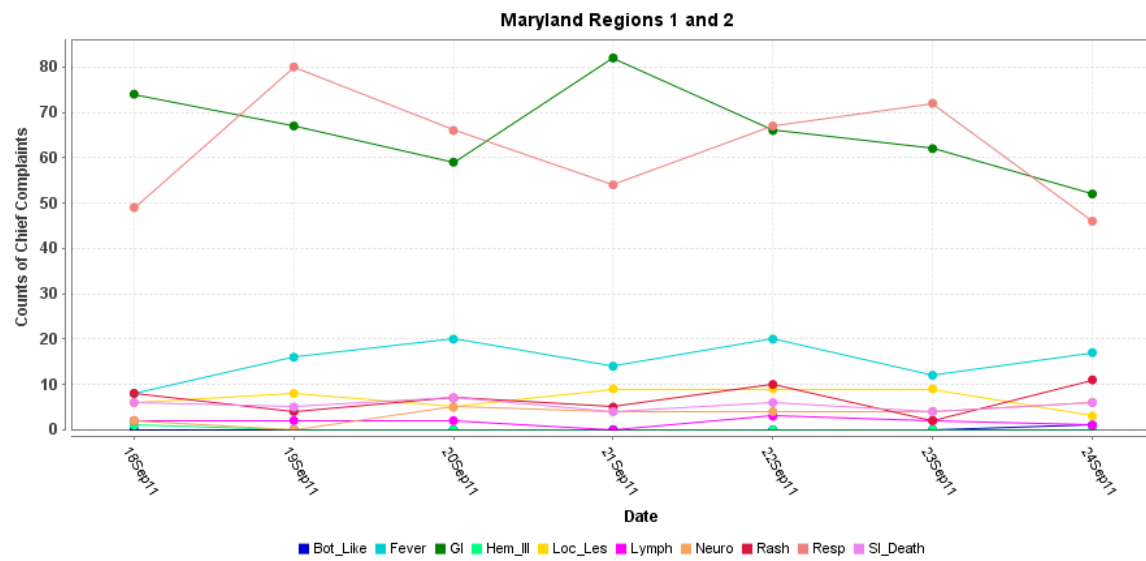
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

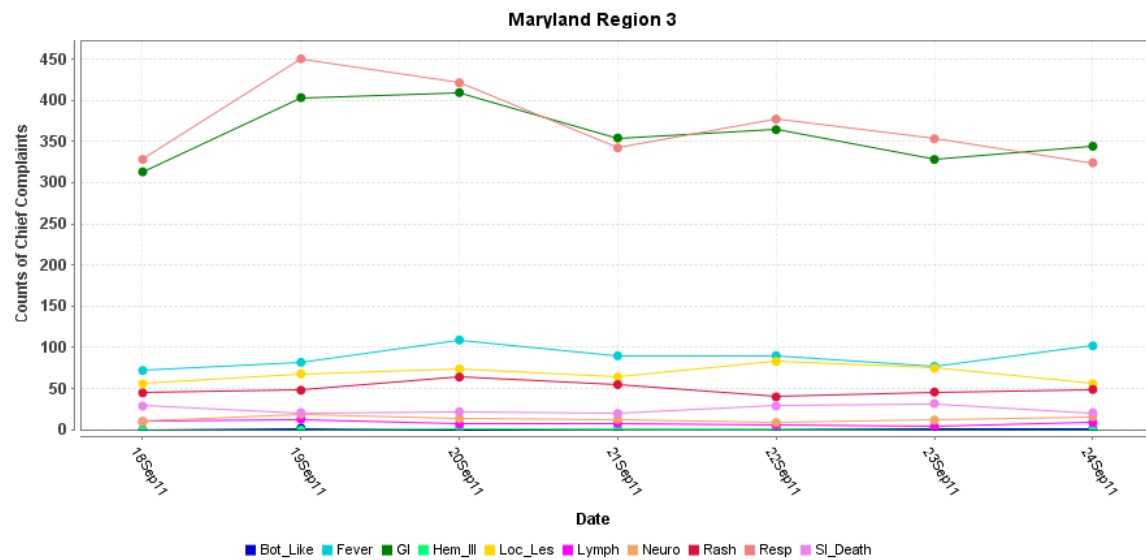


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

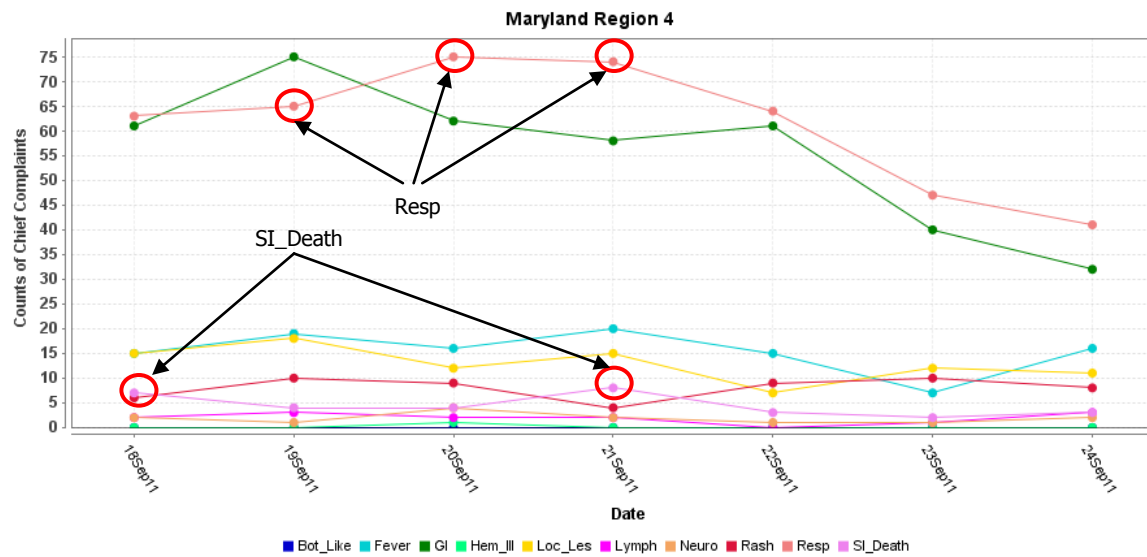
MARYLAND ESSENCE:



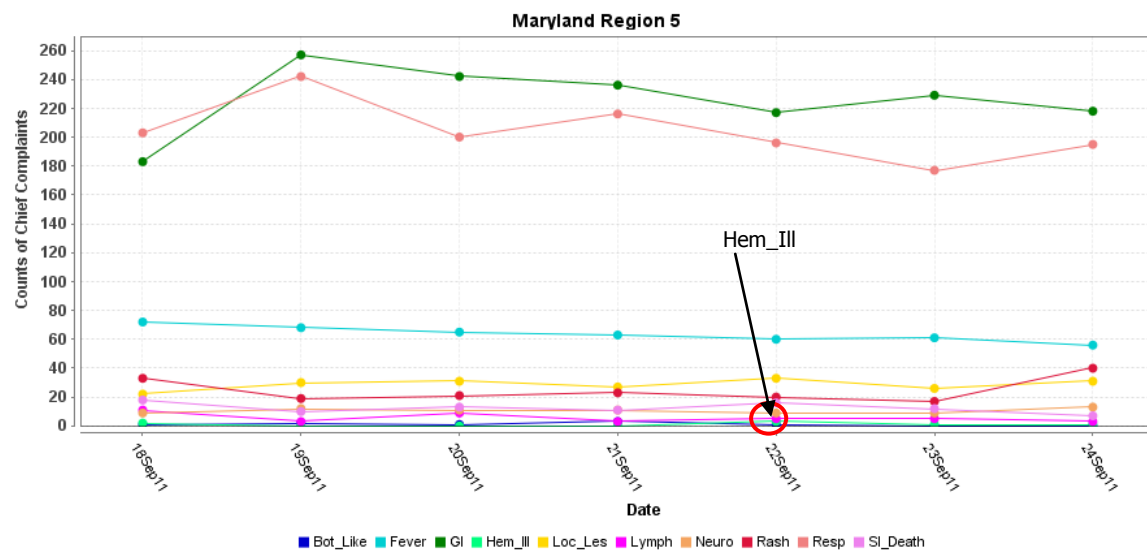
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE

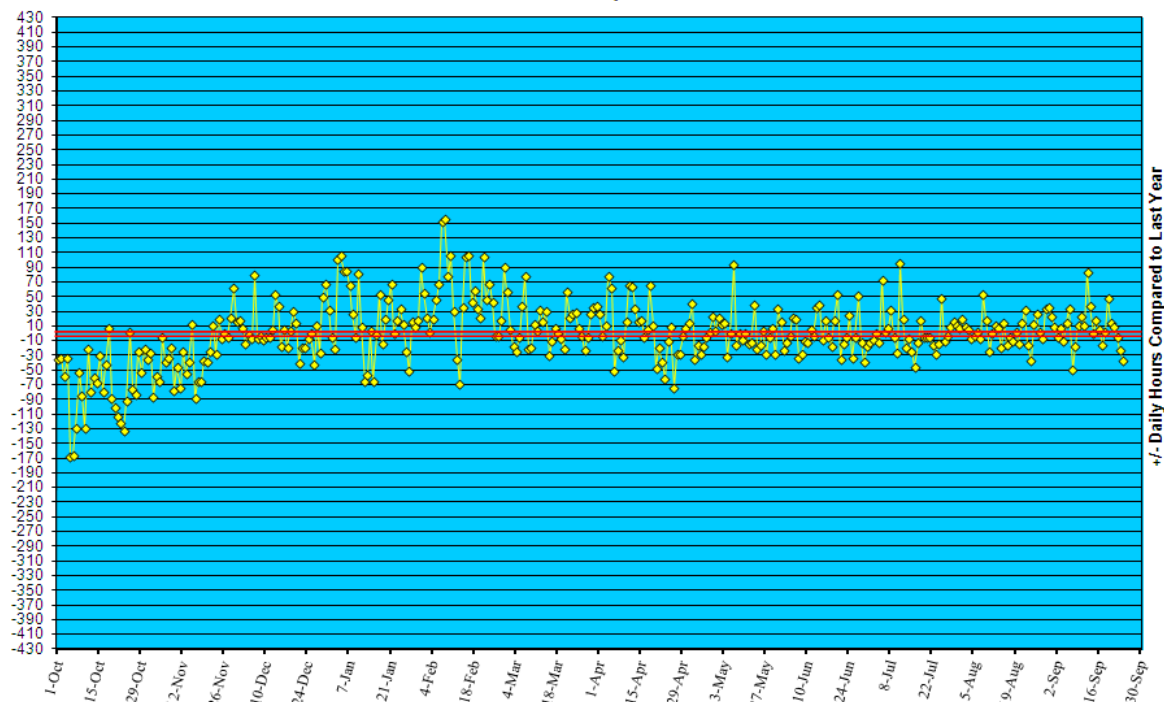


* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/10.

Statewide Yellow Alert Comparison Daily Historical Deviations October 1, '10 to September 24, '11



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in July 2011 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	<u>Aseptic</u>	<u>Meningococcal</u>
New cases (September 18 – September 24, 2011):	14	0
Prior week (September 11 – September 17, 2011):	9	0
Week#38, 2010 (September 19 – September 25, 2010):	16	0

6 outbreaks were reported to DHMH during MMWR week 38 (September 18 – September 24, 2011).

2 Gastroenteritis outbreaks

2 outbreaks of GASTROENTERITIS in a Nursing Home

1 other outbreak

1 outbreak of LISTERIOSIS associated with a National Cluster

3 Respiratory illness outbreaks

1 outbreak of PNEUMONIA in a Nursing Home

2 outbreaks of AFRD/PNEUMONIA in Nursing Homes

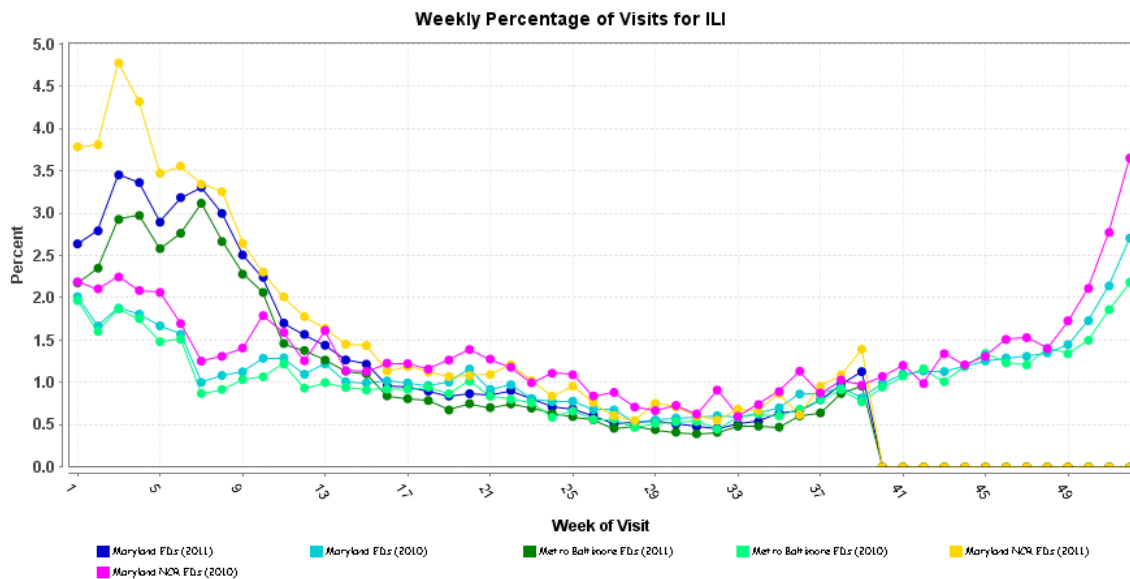
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May.

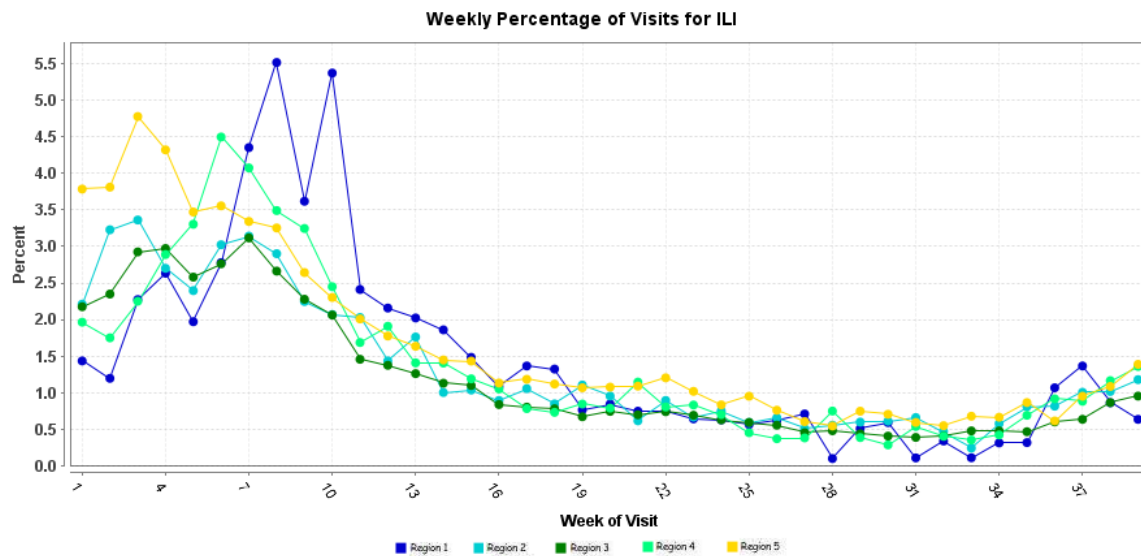
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



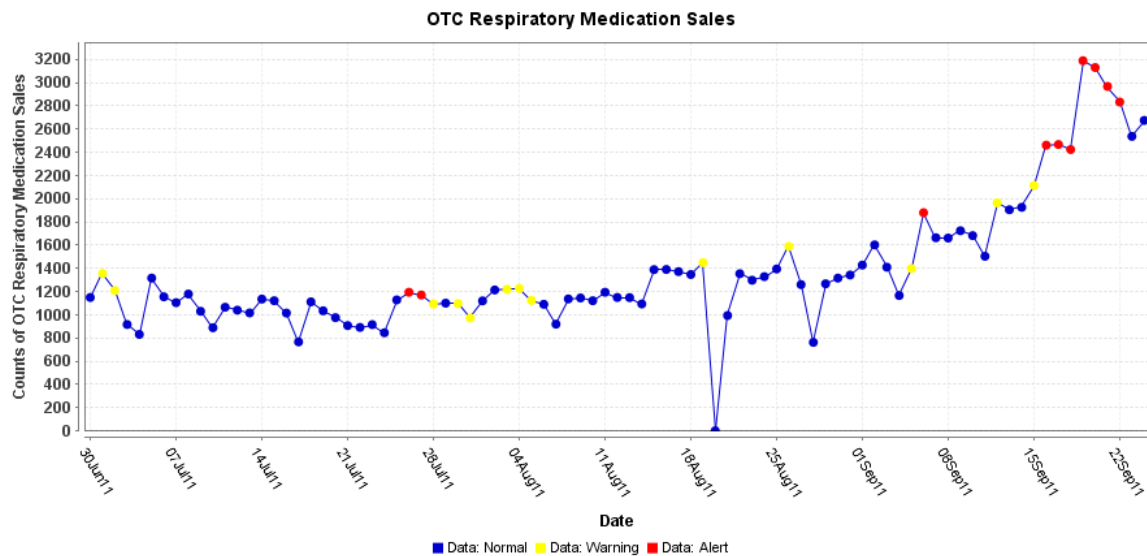
* Includes 2010 and 2011 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2011 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

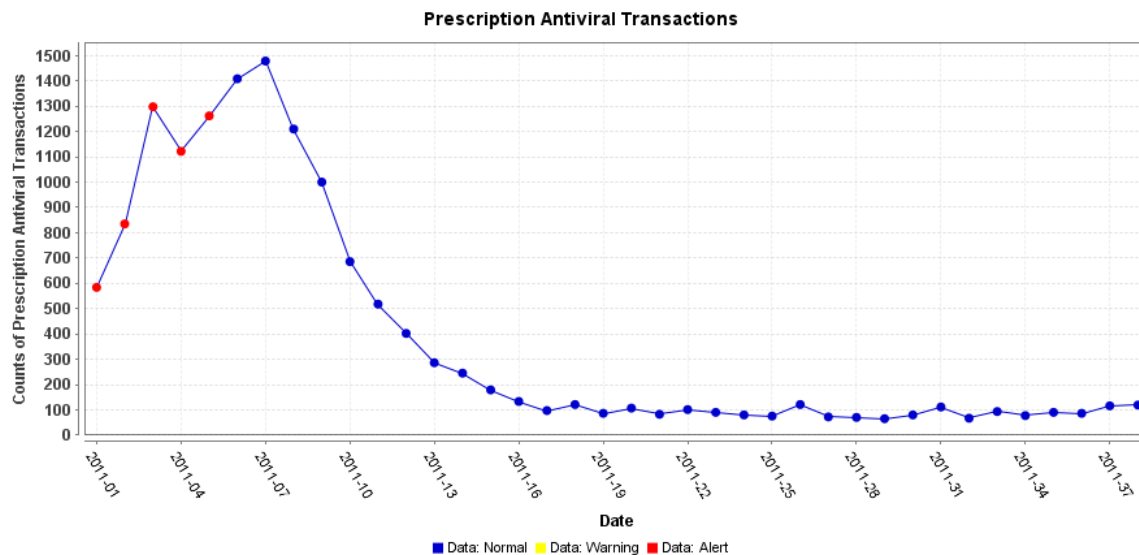
OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PRESCRIPTION ANTIVIRAL SALES:

Graph shows the weekly number of prescription antiviral sales in Maryland.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic.

As of September 16, 2011, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 564, of which 330 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

AVIAN INFLUENZA (INDIA): 22 September 2011, About 30 000 birds have been culled till today [23 Sep 2011] at Tehatta 1 block in Nadia district where there has been an outbreak of bird flu. ["While about 14000 birds were culled on Tue 20 Sep 2011, about 6000 birds were culled Wed 21 Sep 2011, and about 10 000 on Thu 22 Sep 2011]," Nadia district magistrate Avinaba Chanda said. "60 teams were deployed for culling ," he said adding about 8000 birds would be culled [on Fri 23 Sep 2011]. The Nadia administration was providing coupons to the bird owners as per the order of the state government through which they would get the compensation later. But government of India has ordered to arrange for spot compensation, official sources said. According to the district magistrate, there are 3 check points to stop the birds from going out of the protected area within 3 km [2 mi] radius of the affected area. The confirmation of the outbreak of [avian influenza] from laboratory was received on Monday night [19 Sep 2011], the DM said after which culling started.

NATIONAL DISEASE REPORTS

LISTERIOSIS (USA): 22 September 2011, Kansas health officials say 5 cases of listeriosis in Kansas are related to contaminated cantaloupe from Colorado. 3 of the cases were in Sedgwick County, with 1 of them ending in the patient's death. State officials said Thu 22 Sep 2011 that at least 8 people in Kansas have become ill from the bacteria since 26 Aug 2011, but only 5 of the people have been tied to the cantaloupe. In typical years, Kansas reports fewer than 6 cases a year. The CDC says it has confirmed 55 cases in 14 states of people sickened by the cantaloupes. Jensen Farms is voluntarily recalling the Rocky Ford cantaloupe linked to the outbreak. The recalled cantaloupes were shipped to at least 17 states, including Kansas, from the Rocky Ford growing region of Colorado from 29 Jul 2011 through 10 Sep 2011. (Food Safety Threats are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

PLAGUE (OR): 19 September 2011, Umatilla County, Oregon, health officials confirmed Friday [16 Sep 2011] that a local man was hospitalized with septicemic plague. The man is believed to have been infected while hunting in Lake County, Oregon. He is receiving treatment for the disease. "Plague is spread to humans through a bite from an infected flea," said Genni Lehnert-Beers, Umatilla County public health administrator. "Plague is serious but it is treatable with antibiotics if caught early." Only 3 human cases of plague have been diagnosed in Oregon since 1995, including 2 in Lake County in 2010. All 3 people recovered. Lehnert-Beers recommends that people stay away from flea-infested areas and learn to recognize plague symptoms. Plague can be cured with antimicrobials, but early treatment is essential. Untreated plague can be fatal. Lehnert-Beers also recommends taking precautions against fleas and flea bites, including using flea treatment on pets, wearing insect repellent, tucking pant cuffs into socks when in areas heavily occupied by rodents and avoiding contact with wildlife. (Plague is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS

FOODBORNE ILLNESS (PERU): 22 September 2011, A total of 3 children have died and more than 50 others are seriously ill in Peru after eating a school meal contaminated with pesticide, officials say. The children were being fed by a government nutrition program for the poor, at a remote mountain village in the north of the country. It is thought the meal of rice and fish was prepared in a container which may have previously held rat poison. At least 3 adults have also been taken ill. The mass poisoning happened in the village of Redondo in the Cajamarca region, about 750 km (470 mi) north of the capital, Lima. The 3 dead were between 6 and 10 years old. The food had been donated by the National Food Assistance Program, which gives food to schools in the poorest parts of the country. The mother of one of the children who died said they showed signs of having been poisoned. "I think it was poison because all the kids are purple, from all parts of the school," said the mother, who was not named. "My little boy has died. My 9-year-old boy has died." Peruvian health official Miguel Zumaeta said the incident "looks like it was a carbonates intoxication, which means rat poison." Prosecutors and health ministry officials are investigating how the meal became tainted. In a similar case in 1999, 24 children died in a village near Cusco in southern Peru after eating food contaminated by pesticide. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

LEPTOSPIROSIS (INDIA): 23 September 2011, The Kerala administration has decided to launch 'fever clinics' in medical institutions, as well as district hospitals, and, if achievable, in private hospitals, with the aim to fight the spread of rat fever (leptospirosis) in the Malabar area. This declaration has been made by Mr Adoor Prakash, minister for health. After a conference with senior medical functionaries, the minister stated that medical camps, wherever needed, would be held for cure as also to create attentiveness regarding the illness amongst the community. The Indian Medical Association will offer up all necessary backing for arranging the camps. While explicating the actions being pioneered to deal with the situation, Mr Adoor stated that that a drive to clean up the premises and public places would be introduced with the assistance of charitable groups in addition to educational institutions. In this connection, a 7 day-long program will take place from 25 Sep to 2 Oct 2011. The Accredited Social Health Activists (ASHA) workers will also be deployed in the field to assist the attempts to put control over the outbreak. A Central group would visit Kerala to review the whole situation. The Minister added that around 256 suspected cases of rat fever were found in Kozhikode region, out of which 33 cases were confirmed. In the same way, 43 fatalities thus far were suspected to have been caused by the illness, out of which 2 had been confirmed. (Water Safety Threats are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

JAPANESE ENCEPHALITIS (INDIA) 18 September 2011, In the last 24 hours 11 persons have died of Japanese encephalitis and its water borne form at BRD Medical College Hospital [in Gorakhpur] taking the total number of casualties due to the diseases to 300 this year [2011]. 42 people have been admitted to the hospital with symptoms of JE, which occurs at the onset of monsoon due to mosquito bite, and water borne viral encephalitis which is due to consumption of contaminated water, officials said. The dead included children in the age group of 3-14 years. As many as 264 patients belonging to Gorakhpur, Basti, and Devipatan divisions are undergoing treatment at the hospital, they said. Officials claimed that JE cases have come down to as low as 9 per cent of total encephalitis deaths. (Viral Encephalitis is listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmh.maryland.gov/>

Maryland's Resident Influenza Tracking System: <http://dhmh.maryland.gov/flusurvey>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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